

# CMHC Data Submission Guide

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Fiscal Year 2010



*Research and Data Management Center*  
*Kentucky Department for Mental Health and Mental Retardation Services*

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## Updates:

### **New Field 86 in Client File – Military History**

A “Military History” field is being added to the Client File. Field Number 13 (Veteran Status) will become inactive.

### **Event Deletion File**

Centers may instruct RDMC to delete individual services from its database by the use of a special Event Deletion file.

Centers may delete individual services by providing RDMC with a comma-separated text file containing a record for each service to be deleted. Each record in the file should contain the following eight fields to uniquely identify the service: Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1. Each field value should be separated by a comma. Centers should contact their RDMC liaison prior to submitting an Event deletion file.

### **Automatic Deletions of Duplicate Event Records**

RDMC is now automatically deleting from its Events tables each month services that appear to be duplicate records.

As a general rule, eight key fields will uniquely identify an Event record (Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1). Under most circumstances, centers should not be submitting multiple Event records with the same values in these eight key fields.

Because there may be situations where centers actually do provide more than one service with the same values in all key fields (same client, same service date, same DMHMRS Modifier, etc.), RDMC does not automatically consider these records to be duplicates. Consequently, RDMC accepts these Event records into its tables even though they are most likely duplicate records for the same service.

Beginning with July 2009, RDMC has initiated a process that automatically purges these “likely duplicates” from its system on a monthly basis. The process will work as follows:

On the 5<sup>th</sup> day of each month, RDMC will generate, for each region, a tab-delimited text file containing a record for each “likely duplicate” in its system. The file will be placed in each region’s upload directory on the MHMR web site. The file naming convention will be *<region number><month><year>evdups.DAT*. For example, a file created on July 5, 2009 for Region 01 will be named “010709evdups.dat”.

Each record in the file will contain the eight key fields of the duplicated service (Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1) separated by tabs.

On the 5<sup>th</sup> day of the following month, RDMC will purge from its tables the duplicate entries set out in the data file. It will delete the oldest record(s) associated each services listed. Only the most recently received record will be kept.

If a center determines that any of the services listed are not duplicates, they should notify RDMC prior to the day of the scheduled deletion. Specifically, RDMC must be notified prior to noon on the last business day prior to the 5<sup>th</sup>. Centers may either notify their RDMC data liaison directly or they may submit a tab-delimited text file containing records for the “likely duplicates” that should NOT be deleted. The file should be in the same format as the original duplicate file and should be named *<region number><month><year>evdups\_keep.DAT* (where *<month><year>* refer to the month and year from the original duplicate file).

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## DATA SYSTEM OVERVIEW

Data is collected from the CMHCs in four distinct data sets; client, event, human resources and discharge files. The data sets are inter-related and each one is required to attain a complete picture of the service delivery system.

### Client Data

The client data set consists of several fields which provide basic demographics along with a clinical snapshot of the client, including diagnoses and substance use information. Applicable data is to be submitted on all status 1 clients of the center. A status 1 client is defined to be a person for whom a treatment plan has been established. A full definition of the different Client Status codes may be found in the Client Data Set, Field 6.

This data is to be submitted electronically on a monthly basis.

### TEDS SA Discharge Data Set

The Discharge data set contains a record for every client who is discharged from a Substance Abuse program each month based upon the federal TEDS criteria. A full definition of those criteria is available in the Data Dictionary under the headings of "Substance Abuse Client" and "Substance Abuse Client Admissions and Discharges".

The data is to be submitted to RDMC electronically on a monthly bases.

**NOTE:** The file format and various aspects of the data submission protocol are unique to the Discharge File. For an overview, see the "File Submission Procedures" subsection of the "TEDS SA Discharge Record" section of the Implementation Guide.

### Event Data

The event data set includes information on individualized services provided by the center. **ALL** such services are required to be submitted. Each event must have a corresponding client record in the client data set.

**NOTE:** **ALL** services / events provided by the Centers shall be reported in this data submission, regardless of the payer source.

This data is to be submitted electronically on a monthly basis.

### Human Resources

The human resources data provides information on the staff who provide clinical services at the center. This data links directly to the event data set field NTE02, columns 19-33 - Rendering Professional ID.

This data is to be submitted electronically on an "as needed" basis – at least once per fiscal year.

## POLICY ON ANNUAL CHANGES

Changes to this Data Submission Guide will only be made annually effective July 1 of each year. Changes must be submitted for review to the Joint Committee for Information Continuity (JCIC) no later than the preceding November JCIC meeting. JCIC will approve or deny the request no later than the January JCIC meeting. All regions will be notified of any changes no later than the end of February.

## STANDARDS FOR INFORMATION QUALITY

**PURPOSE:** The purpose of the KDMHMRS Standards for Information Quality is to insure that timely, accurate and complete data is available for monitoring and improving the quality of services supported or provided by KDMHMRS.

### TIMELINESS STANDARD:

- Standard:** Data shall be submitted to KDMHMRS in a timely manner. Data submissions received on or before the deadline will be in compliance.
- Definition:** Event and client data sets shall be provided electronically to KDMHMRS by the end of the following month. For details regarding the Discharge file deadline, see the "File Submission Procedures" subsection of the "TEDS SA Discharge Record" section of the Implementation Guide.
- Process:** Electronic and manual review of all data submissions shall be performed by KDMHMRS staff.
- Examples:**
1. If the Client Data Set submission for May is received by KDMHMRS on June 30<sup>th</sup>; the timeliness standard is met. If data is received on July 1<sup>st</sup>, the standard is not met.

### ACCURACY STANDARD

- Standard:** Data that is submitted to KDMHMRS shall be both technically and logically valid and shall provide accurate and meaningful information. To be in compliance, a submission must have 5% or less total errors. In addition, it is expected that all fatal errors be eventually corrected.
- Definition:** Accurate data shall be both externally and internally valid. External validity is achieved when the format and content of all data elements submitted to KDMHMRS complies with the technical standards described in documents published by KDMHMRS. Internal validity is achieved when data is logically consistent with other data submitted by the same or related agencies and with other documentation sources (e.g. medical record) relating to the submitted data.
- Process:** Electronic and manual review of all data submissions shall be performed by KDMHMRS staff.
- Examples:**
1. A target population code of pregnancy is an *externally* valid code. However if other data indicate the patient is male, this code would not be *internally* valid and would, therefore, be considered inaccurate.
  2. An admission date that is earlier than the client's date of birth is invalid.

### COMPLETENESS STANDARD

- Standard:** Data that is submitted to KDMHMRS shall contain minimal codes indicating that information is unknown or was not collected. The Completeness Standard for a field is violated if more than 5% of the records contain Unknown/Not Collected values or blanks in that field. **If one or more fields fail the Completeness Standard, then the entire submission fails the Completeness Test.**

- Definition:** When required data fields are applicable, the fields shall not contain codes indicating that information was not collected or is unknown. A field containing a code of “not collected” or “unknown” is generally neither usable nor meaningful. Note: A single field failing the Completeness Standard will cause the entire submission to fail the Completeness Test.
- Process:** Electronic and manual review of all data submissions shall be performed by KDMHMRS staff.
- Examples:**
1. An incomplete field exists if the field for client sex contains an ‘8’ (Not Collected). If 400 Client Data Set records are submitted, then 21 records or more with the field “Client Sex” containing an ‘8’ would cause the field to fail the Completeness Standard.
  2. A blank “due date” field would *not* be defined as incomplete for a record in which the client is not indicated to be a pregnant woman.
  3. An incomplete field exists if the field Marital Status contains a value of “8” indicating “not collected.”
  4. An incomplete field exists if the field education contains a value of “98” indicating “Not Collected.”

## THE DATA SUBMISSION PROCESS

### Transmission Protocol

In order to maintain an efficient system for processing data, the department will accept submissions only via Internet. This will enhance the communication process between the Department and the Centers by allowing automated processing, verification and reporting to occur.

### Submitting Data

The Department maintains a password protected internet site. The naming convention for data files is as follows: *<region number><month><year><file type>.DAT*. **NOTE: <year> is calendar year, not fiscal year.** Each section is two digits with leading zeros where appropriate. The valid file types are:

- CS (Client Submission)
- CR (Client Resubmission)
- DS (TEDS Discharge Submission)
- DR (TEDS Discharge Resubmission)
- EH/N (Event Submission in HIPAA format)
- EP (Event Resubmission in HIPAA format)
- HR/HS (Human Resources Submission)

For example, the October 2007 client data submission from Region 1 would be **011007CS.DAT**.

A test file submission may be made by using the following naming convention:

*<region number><month><year><file type>\_Test.DAT*. Test file submissions allow centers to evaluate data quality without the risk of any penalties associated with not meeting data standards.

### Transmission Procedure - Internet

To access the data upload, you must have activated your account by contacting the website security administrator at the Kentucky Department of Mental Health and Mental Retardation (502-564-4860). Using your web browser and go to the address <https://mhmr.ky.gov/DMHMRS/Secure/Login.aspx>. You will need to enter your user name and password. Please keep these in a secure place, and do not share them with others in your organization. If you ever fear a breach of security, please change your password as soon as possible.

The interface should be easy to understand. Here are a few instructions which should be of help.

**Uploading files:** To upload a file, go to the "File Management" page and hit the browse button at the bottom of the page and find the file on your system that you wish to send. After doing this, press the "Upload File" button. A message should appear indicating that the file transmission was successful.

**Downloading files:** If you need to obtain a copy of a file appearing in your folder on the "File Management" page, right-click on the file. Your browser should give you an option to save a copy of the target file on your computer.

**A note about security:** By using the web interface, you accept the risk incurred when transferring data over the internet. You agree to not hold the University of Kentucky Research and Data Management Center or the Kentucky Department for Mental Health and Mental Retardation Services responsible for any such unlawful interception of data by an outside entity.

**NOTE: BE SURE TO ENCRYPT THE SSN IN YOUR FILES BEFORE SENDING. USE THE PROGRAMS PROVIDED AND CONTACT YOUR LIAISON IF YOU HAVE ANY QUESTIONS.**

## Data Corrections

### Client Data Set

Changes to previously submitted Client records can only be made by resubmitting the entire data file for the month where the change is needed. If the file submission deadline for the month has already passed, notify your RDMC liaison prior to resubmitting the data file.

### Event Data Set

Event files may contain records where the service dates are prior to the month and year specified in the file name. So if a service was not included in the original Event file, it can be included in a later data file.

Centers may delete individual services by providing RDMC with a comma-separated text file containing a record for each service to be deleted. Each record in the file should contain the following eight fields to uniquely identify the service: Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1. Each field value should be separated by a comma. Centers should contact their RDMC liaison prior to submitting an Event deletion file.

Any necessary Event changes that cannot be made by adding or deleting services as specified above must be made by resubmitting the entire Event file for the month. If the file submission deadline for the month has already passed, notify your RDMC liaison prior to resubmitting the data file.

### TEDS Discharge Data Set

Changes to previously submitted TEDS Discharge records can only be made by resubmitting the entire data file for the month needing changed. If the file submission deadline for the month has already passed, notify your RDMC liaison prior to resubmitting the data file.

### Human Resources Data Set

Beginning with the July, 2005 data, the Human Resources Data Set retains each month's data rather than replacing the entire data set. This allows the system to track staff members with broken service periods. HR records with fatal errors will be rejected and not loaded to the data set.

### Provider / Organizational Data

Updates to center provider information should be made using the form on the KDMHMRS web site. To access that form, log on to <https://mhmr.ky.gov/DMHMRS/Secure/Login.aspx>. Once logged on, users with appropriate permissions can follow the "Add, Delete, or Update Provider Site" link to make changes to their providers. For additional information on accessing the secure web site, see the "Transmission Procedure – Internet" section above.

To update other organizational data, contact your RDMC liaison for details.

## Automatic Deletions of Duplicate Event Records

As a general rule, eight key fields will uniquely identify an Event record (Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1). Under most circumstances, centers should not be submitting multiple Event records with the same values in these eight key fields.

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## **KDMHMRS Responsibilities**

Upon receipt of a Client, Event, HR or Discharge dataset, RDMC will provide a Data Quality Report to the center's liaison via email. RDMC will provide the report within 24 hours of receipt of the dataset (excluding weekends and holidays). Centers may then resubmit the data file to RDMC to resolve any issues as set out on the Data Quality Report.

## **Procedure for Changing Client Identifiers**

There are occasions when a client identifier may change. For example, when the client first comes in for treatment, a SSN is not available and a pseudo-number is generated. Later, the true SSN is discovered and the ID changes.

In this instance, any events that were submitted under the original ID are at risk for being disregarded by the system because there will no longer be a corresponding record in the client data set. In order to count the previous events, RDMC must receive notice of the change in SSN.

The method to do this is:

- FAX a listing of the clients that have changed ID's. Include a column for "Original ID" and a column for "New ID". The RDMC FAX number is (859) 260-1682.
- Do NOT submit this information via an electronic file since it contains PHI.

NOTE: As this issue does not involve an overwhelming number of clients, this procedure is optional and completely at the discretion of the individual center. If a center chooses to not do this, they are accepting the fact that some services may not be captured in various reports.

## **Fatal, General, and Possible Error Definitions**

Fatal error: A fatal error occurs when an invalid value is reported in a key field. This record will be rejected from the submission and the Center must correct and resubmit it. This record/error is not counted towards the completeness standard because the record has been rejected and is not in the Client table.

Example: The record contains an invalid Client ID. The record is rejected.

General error: A general error occurs when an invalid value is reported in a required, but non-key field. An error is recorded and displayed on the Audit report, the field is changed to the default value (normally the Not Collected code), and the record is accepted into the data set.

Example: A '4' is submitted in the Client Sex field. The '4' is changed to an '8' (Not collected), and the record is added to the Client table. This is counted against the Accuracy standard for the Client Sex field.

Possible error: A possible error occurs when a field's value conflicts with the value in a related field or when a field's value falls outside the normally-accepted range. The error is displayed in the Audit report, but no change is made to the record. The record is accepted into the data set.

Example: The Pregnant Woman field contains a '1' (Yes) but the Client Sex field contains a '1' (Male).

Example: The Client Date of Birth field is over 100 years ago.